

The Honorable Wally Herger  
Chairman, Human Resources Subcommittee  
House Ways and Means Committee  
Room B-317, Rayburn House Office Building  
Washington, DC 20515

Dear Chairman Herger:

The Center for Law and Social Policy (CLASP) appreciates the opportunity to submit this statement for the record of the public hearing on Teen Pregnancy Prevention that was held on Thursday, November 15, 2001.

CLASP is grateful that you held a hearing on the topic of teen pregnancy prevention in preparation for reauthorization of the Temporary Assistance for Needy Families program in 2002. The importance of the relationship of teen childbearing to poverty cannot be overstated, yet, too often it is not given the attention it deserves. Also up for reauthorization in 2002 is the separate abstinence education program enacted in 1996, which received the most attention by the witnesses who testified on November 15.

In this brief submission, CLASP will focus on the abstinence education program. We have written and will continue to publish updated materials on the full range of issues related to reauthorization and teen pregnancy/reproductive health including such topics as: TANF spending on teen pregnancy prevention, TANF spending on teen parent services, the TANF teen parent living arrangement and education requirements, the out-of-wedlock bonus, teen marriage, TANF teen parents with disabilities, and “family cap” policies. Our materials are all available free of charge on our web site: [www.clasp.org](http://www.clasp.org).

The 1996 federal abstinence education program is often misunderstood. In part this is because abstinence education can mean different things to different people. For some, abstinence education means information that asserts one should abstain from sex at every age unless one is married; for others, abstinence education means programs that promote abstinence as the only sure way to avoid pregnancy and sexually transmitted illnesses and that when one stops abstaining it is important to know how to contracept. Many are unaware that the statute defines a program with the former approach, the most restrictive approach – sometimes called abstinence-unless-married education.

The law’s definition of a fundable program has eight points, including that the program teach that “sexual activity outside the context of marriage is likely to have harmful psychological and physical effects” [Attachment A provides the full text of the law]. The program operates through the Maternal and Child Health (MCH) block grant and provides \$50 million in federal funds each year to support abstinence programs that

preclude education about contraception; a state match of \$3 for every \$4 federal dollars is required.

The law was enacted without any research base suggesting that a restrictive abstinence approach works at reducing teen pregnancy and births. There still is none. As noted in a recent review of evaluations of abstinence programs published by the National Campaign to Prevent Teen Pregnancy, “there do not currently exist any abstinence-only programs with reasonably strong evidence that they actually delay the initiation of sex or reduce its frequency.” The author used strict criteria in determining what studies of sexuality education programs to include in his review of evaluations; only three such abstinence-only studies met the criteria.<sup>i</sup>

Unfortunately, the federally funded evaluation of abstinence-unless-married programs funded through the 1996 law will not be finalized until 2003; thus, the 2002 reauthorization process will not be able to benefit from any insights offered by the evaluation. While the evaluation should help us learn more about some of the impacts of the programs it will, nevertheless, not answer the question that needs to be asked. That central question is “How does a program of abstinence-unless-married education compare to an abstinence program that also provides contraceptive education?”

There is good reason to compare different types of approaches to abstinence: available research raises concerns about an abstinence education approach that does not provide contraceptive education. At the same time, there is a bit of encouraging news that some abstinence strategies may help delay the onset of sexual activity, particularly among the youngest adolescents. But the abstinence-unless-married approach can backfire when aimed at older teens.

- ❖ A comparison of in-school youths who took a “virginity pledge” and those who did not found that some virginity pledgers were at greater risk when they first engaged in sexual intercourse. The pledge—to abstain from sex until marriage—did delay first intercourse on average by nearly 18 months. However, pledging had no effect among teens who were 18 or older and also contributed to health risks for those who became sexually active.<sup>ii</sup>

According to researchers Peter Bearman and Hannah Brueckner, who tracked those pledgers who had intercourse during the study period, “the estimated odds for contraceptive use for pledgers are about one-third lower than for others.” The researchers noted that “pledgers are *less* likely to be prepared for an experience that they have promised to forego.” They also found that “pledging does not work for adolescents at all ages” and that the efficacy of the pledge in some schools depended on its being uncommon: “Once the pledge becomes normative, it ceases to have an effect.” Thus “policy makers should recognize that the pledge works because not everyone is pledging.”<sup>iii</sup>

- ❖ Another study compared an “abstinence” program with a “safer sex” program that involved 659 African-American middle-school adolescents and found that, among those who already were sexually active when the courses began, participants in the “safer sex” program reported *less*-frequent sexual intercourse and *less*-frequent unprotected sex one year after the program. Further, when the abstinence group was compared with a control group, it reported less sexual activity at three months following the intervention, but this distinction evaporated over time.<sup>iv</sup>
  
- ❖ A study conducted by Edward J. Saunders and colleagues at the University of Iowa School of Social Work compared survey responses from participants in a comprehensive sex-education program that promoted abstinence but allowed contraceptive information with survey responses from participants in an abstinence-unless-married program. The authors found that the former program was *more* successful in imparting knowledge about AIDS and other STDs. In addition, while the authors suggested that program comparisons should be viewed cautiously because of differences in the age of the participants, the length of the programs, and a range of other variables, they noted that the program that offered contraceptive information also appeared to be *more* successful than the abstinence-unless-married program in “promoting communication between parents and youth about sex.”<sup>v</sup>

Further, evaluations of programs that combine abstinence education with contraceptive information find that they can help delay the onset of intercourse without a concomitant concern about health risks, and that they also reduce the frequency of intercourse and the number of partners.<sup>vi</sup> If there are stronger approaches that further delay the onset of intercourse by the too-young, those lessons should be adapted by programs that combine abstinence education with contraceptive information – in that way such programs will cause no health harm.

Even in the absence of evidence that abstinence-unless-married education reduces the risk of teen pregnancy and birth, and in spite of the new research that the reduction in sexually activity is accompanied by an increase in the health risk for some, funding for this approach has expanded beyond the \$50 million per year authorized in the 1996 welfare law. As of fiscal year 2002, at least \$533 million will have been earmarked in federal and state funds since 1996. Two other federal sources, the Adolescent Family Life Act (AFLA) and Special Projects of Regional and National Significance-Community-Based Abstinence Education (SPRANS-CBAE) program, have made more money available. Under the SPRANS grants, MCH can by-pass states and award grants directly to local projects; grantees, however, may not provide contraceptive education, even with separate funds. The House has increased its funds for SPRANS-CBAE from \$20 to \$40 million (efforts to increase it to \$73 million failed); the Senate Appropriations committee would provide \$30 million. Any differences will be resolved shortly in Conference.

Proponents of increased funding for SPRANS-CBAE argue that funding “parity” is needed between abstinence-unless-married education and family planning. This comparison, however, contrasts expenditures for education against costs for medical services. Thus, this is a comparison of “apples” and “oranges” and creates even greater misunderstanding in the public debate.

The public supports abstinence education but wants contraceptive education along with it. Virtually all of the parents of 7-12<sup>th</sup> graders (97%) want their child’s sexuality education program to cover abstinence, according to a national study in 2000 by the Kaiser Family Foundation<sup>vii</sup>. Notably, these parents also want lessons on how to use condoms (85%) and on general birth control topics (90%)<sup>viii</sup>. State and local surveys also have found strong support for information about both abstinence and birth control.

The Subcommittee on Human Resources hearing on teen pregnancy revealed bi-partisan support for a more flexible approach to the available federal abstinence education funds. Not only were a number of attending Democratic members of the Subcommittee concerned that the law’s approach to abstinence education is too restrictive, so too was Congresswoman Nancy Johnson (R-CN). This bi-partisan call for increased flexibility as an issue for reauthorization is encouraging and appropriate.

The Center for Law and Social Policy recommends further attention to abstinence-only education funding during reauthorization and a closer examination of the how the research points to the importance of greater flexibility in spending available funds.

Sincerely,

Jodie Levin-Epstein  
Senior Policy Analyst

## Attachment A

### SEPARATE PROGRAM FOR ABSTINENCE EDUCATION

"SEC. 510. (a) For the purpose described in subsection (b), the Secretary shall, for fiscal year 1998 and each subsequent fiscal year, allot to each State which has transmitted an application for the fiscal year under section 505(a) an amount equal to the product of-

"(1) the amount appropriated in subsection (d) for the fiscal year; and

"(2) the percentage determined for the State under section 502(c)(1)(B)(ii).

"(b)(1) The purpose of an allotment under subsection (a) to a State is to enable the State to provide abstinence education, and at the option of the State, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity, with a focus on those groups which are most likely to bear children out-of-wedlock.

"(2) For purposes of this section, the term `abstinence education' means an educational or motivational program which-

"(A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;

"(B) teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;

"(C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;

"(D) teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity;

"(E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;

"(F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;

"(G) teaches young people how to reject sexual advances and how alcohol

and drug use increases vulnerability to sexual advances; and

"(H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.

"(c)(1) Sections 503, 507, and 508 apply to allotments under subsection (a) to the same extent and in the same manner as such sections apply to allotments under section 502(c).

"(2) Sections 505 and 506 apply to allotments under subsection (a) to the extent determined by the Secretary to be appropriate.

"(d) For the purpose of allotments under subsection (a), there is appropriated, out of any money in the Treasury not otherwise appropriated, an additional \$50,000,000 for each of the fiscal years 1998 through 2002. The appropriation under the preceding sentence for a fiscal year is made on October 1 of the fiscal year."

## Supplemental Sheet

Contact information for written testimony submitted for the official record of the hearing on teenage pregnancy held before the Human Resources Subcommittee on November 15, 2001.

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## ENDNOTES

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<sup>i</sup> “The review examined the evidence available regarding “studies that met the following criteria: met the scientific standards requisite for inclusion in professional journals or publications; published in 1980 or later; analyzed data collected from U.S. adolescents, most of whom were 19 or younger; used a sample size of at least 100; measured the relationship between the antecedents and one or more of the following sexual behaviors: initiation of sex, frequency of sexual intercourse, number of sexual partners, use of condoms, use of any type of contraception, pregnancy, or childbearing. (Studies that measured only out-of-wedlock pregnancy or childbearing were not included.)” Douglas Kirby, Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy, (Washington, DC: National Campaign to Prevent Teen Pregnancy, 2001), pp. 35.

<sup>ii</sup> The highlighted Kirby report above did not include these community-based Virginity Pledge efforts.

<sup>iii</sup> Peter Bearman and Hannah Brueckner, “Virginity Pledges and the Transition to First Intercourse”, *Pregnancy Prevention for Youth: An Interdisciplinary Newsletter*, Vol. 3, No. 2, (June 2000); also, “Virginity Pledges as they Affect the Transition to First Intercourse”, *American Journal of Sociology*, Vol. 106, No. 4, (2001).

<sup>iv</sup> “The abstinence intervention acknowledged that condoms can reduce risks but emphasized abstinence to eliminate the risk of pregnancy and STDs, including HIV. It was designed to...strengthen behavioral beliefs supporting abstinence...The safer-sex intervention indicated that abstinence is the best choice but emphasized the importance of using condoms to reduce the risk of pregnancy and STDS, including HIV, if participants were to have sex. It was designed to...increase skills and self-efficacy regarding [the] ability to use condoms.” John B. Jemmott III, Loretta Sweet Jemmott, and Geoffrey T. Fong, “Abstinence and Safer Sex HIV Risk-Reduction Interventions for African American Adolescents, A Randomized Controlled Trial”, *Journal of the American Medical Association*, Vol. 279, (May 20, 1998).

<sup>v</sup> Edward J Saunders, et al., “Evaluation of Abstinence-Only Education: Year One Report”, *University of Iowa School of Social Work*, (October 1999).

<sup>vi</sup> Douglas Kirby, Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy, (Washington, DC: National Campaign to Prevent Teen Pregnancy, 2001); Douglas Kirby, No Easy Answers: Research Findings on Programs to Reduce Pregnancy, (Washington, DC: National Campaign to Prevent Teen Pregnancy, March 1997).

<sup>vii</sup> “Sex Education in America: A View from Inside the Nation’s Classrooms”, *A Series of National Surveys of Students, Parents, Teachers, and Principals*, Kaiser Family Foundation Website, (September 26, 2000), (Accessed November 6, 2001), Available online: <http://www.kff.org/content/2000/3048/Chartpack.pdf>.

<sup>viii</sup> Ibid.